

<input type="checkbox"/> Verbal Warning	<input type="checkbox"/> 1st Written Warning	<input type="checkbox"/> 2nd Written Warning	<input type="checkbox"/> 3rd Written Warning	<input checked="" type="checkbox"/> Termination
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**DEFENDANT'S
EXHIBIT**

4 2/27/07
Young

ENTERPRISE NURSING HOME
COUNSELING FORM

Curly Young, CNA NSC

Name of Employee

Department

1-11-93

Date

Insubordination.

Argументатив.

Refusal to follow instruction of supervisors:

SUBJECT AND EXPLANATION OF COUNSELING

From approx 9:55 till 10:15 P.M. Curly Young sat behind the Nurse's desk, with a guitar in his hands. Playing it. At this time I was trying to contact Dr. Rhyne about a Resident that was sick. Curly & two other C.N.A.'s were standing at the desk talking loud, & I ask them to be quite. But it was try to get a doctor on the phone. Curly replied, (you haven't get the doctor on the phone, so what's the problem). I then ask Curly, who was still sitting at the desk to get me some Vital Signs on a Resident, when he slammed the guitar on the desk and replied, why do I have to when not even taken care of him today, & when I told him to forget that, I would ~~get the Vital Signs~~, I went down to the Resident room to get the Vital Signs when Curly came down there & said I do it, & he said no that I would. Curly then stated fine he is. The Supervisor stated Curly what did you say? He stated you know what I talking about, & I told him he needed to talk to Lisa.

This is to certify that I have received counseling
on the above described subject.

OVER

Refused to sign:
Jean N. Mathias
Lisa Whittaker RN

Signature of Employee

Jean N. Mathias
Signature of Counselor

Dan Cox
Signature of Administrator